



2012 INSTRUCTIONS TO FIRE DEPARTMENTS FOR INVOICING THE ARIZONA STATE FORESTER

I. GENERAL INFORMATION

- A. All fire departments are required to have a Cooperative Fire Rate Agreement on file.
- B. Fire departments are requested to submit their bills within 30 days after the incident (fire) to their local District Forester or Fire Management Officer. The District Forester will certify the bill and forward it to the appropriate payment center. Forms are available from your District Forester. **INVOICES RECEIVED AFTER 90 DAYS ARE SUBJECT TO REFUSAL.**
- C. All invoices must include fire department name, complete mailing address, telephone number, and fax number. The invoice must also include the fire name, State fire number, fire date, resource order number, any receipts, and the signature of the Chief or designated representative. Please use attached State Invoice Form 122 or develop similar format on your fire department's computer system.
- D. As applicable all invoices must be accompanied by:
 - 1. Complete Crew Time Reports (Form 261) and Equipment Shift Tickets (Form 297)
 - 2. Fire Time Reports and Equipment Use Invoices (Form 288 & 286) for extended Federal Incidents & Team managed fires.
 - 3. Itemized receipts with resource order #'s for ordered and approved supply purchases.
 - 4. Written documentation and approval by the incident commander or immediate supervisor for work shifts exceeding 16 hours after the first shift.
 - 5. Written recommendation from Incident Commander for R & R.
 - 6. Written justification/and or incident commander approval for meal or motel costs if the fire normally provided meals and camping facilities.
 - 7. Incident based documentation such as investigative reports, claim forms, incident replacement form and resource order #'s for reimbursement/replacement for damage or loss of equipment.
 - 8. State Forester's Wildland Fire Report if your fire department provided the Incident Commander for the fire.
 - 9. Resource Order cards.
 - 10. Tape all small documents on an 8 1/2 X 11 paper.
- E. Loss of personal items (cameras, clothing, etc.) are NOT REIMBURSABLE.

- F. Loss. Damage or Destruction of Equipment: Each case will be evaluated on an individual basis. A claim with associated explanatory reports/statements must be filed to the State Forester. No reimbursement will be made for loss, damage or destruction when (a) it is due to normal wear and tear under the rigors of wildland firefighting, or (b) negligence of the Cooperator or the Cooperator's agents caused or contributed to the loss, damage or destruction, or (c) damages caused by equipment defects.

II. EQUIPMENT

- A. Tactical equipment and cooperative excess property equipment will be billed at an hourly rate (per Cooperative Fire Rate Agreement) when equipment is under hire and on shift, including relocating under its own power. When equipment is being transported (lowboy), a maximum of 4 hours per calendar day will be billable. Current State Forester Acceptable Equipment Rate Sheet will be basis for setting rates.
- B. Light vehicles such as command vehicles, sedans, vans, and pickups will be billed at both daily rates plus mileage per State Forester's Cooperative Fire Rate Agreement. For fractional days at the beginning and ending of time under hire, payment will be based on 50% of the daily rate for periods of less than 8 hours. Please note under the General Provisions, usage of Personal Operated Vehicles shall be paid at the state mileage rate only unless tactically used and documented.
- C. How to List on Invoice
1. Equipment Resource Order Number (see example)
 2. License number (as it appears on the Agreement)
 3. Unit number or name (as it appears on the Agreement)
 4. Vehicle type
 5. Hours (to the nearest quarter hour) or miles/days worked.
 6. Rate per hour/day
 7. Total
 8. Put your invoice # on your billing. When the check/warrant is issued they will put that invoice number on the stub to help you identify the payment.

III. PERSONNEL

A. Volunteer Personnel AD Rates per Hour

- | | | |
|----|-------------------------------|--|
| 1. | Wildland Firefighter | AD-C |
| 2. | Advanced Wildland Firefighter | AD-D |
| 3. | Engine Boss | AD-F |
| 4. | Specialized | AD-G and above Contact your district forester. |

* Note: Volunteer rates may change from year to year. Contact your State Forestry Fiscal Specialists for updates.

B. Career Personnel

Use actual labor expenses to your department. Employee related expenses (insurance, pensions, etc.) are eligible. Excess costs for required backfill or coverage are eligible. Normally backfill will be compensated at : (employee's normal hourly rate X 50%) for the hours backfilled. Required backfill is expected to be only applied to full time responding fire station shift employees at the battalion chief to firefighter level. The State does not expect backfill charges for fire chiefs, assistant chiefs, division chiefs, training chiefs, administrative chiefs, or other support and administrative personnel. Exceptions to this must have some justification attached to the invoice.

C. How to List employee and backfill employee on Invoice

1. Overhead or Equipment Resource Order Number (see example)
2. Personnel by name
3. Job title
4. Number of hours worked - nearest quarter hour rounding
5. Rates per hour
6. Total amount

D. Suggested Personnel Hour/Backfill Calculator:

Information needed to submit Work Hours Calculator (see example below). Excel Version available in the FM 122 Invoice Worksheet (see tab labeled "workhours calculator"):

http://www.azsf.az.gov/fire_managment/fire_business_management

- a. Personnel name.
- b. Shift schedule.
- c. Dates
- d. Time
- e. Regular and overtime hours worked.
- f. Coverage of personnel names and work hours.

WILDLAND WORK HOURS CALCULATOR						
EXAMPLE FIRE						
S. BROWN		SHIFT SCHEDULE 8 TO 8				
DATE	TIME		REG (ON)	OT (OFF)	COVERAGE NAME	COVERAGE HRS
7/24/2010	6.00	8.00	2.00		B. SMITH	2.00
	8.00	12.50		4.50		
	13.00	21.00		8.00		
7/25/2010	6.00	8.00		2.00		
	8.00	24.00	16.00		B. SMITH	16.00
7/26/2010	0.00	8.00	8.00		B. SMITH	8.00
	8.00	12.00		4.00		
	12.50	19.00		6.50		
7/27/2010	6.50	8.00		1.50		
	8.00	24.00	16.00		J. DOE	16.00
7/28/2010	0.00	8.00	8.00		J. DOE	8.00
	8.00	12.00		4.00		
	12.50	22.00		9.50		
7/29/2010	6.00	8.00		2.00		
	8.00	24.00	16.00		J. DOE	16.00
	0.00	8.00	8.00		J. DOE	8.00
		TOTALS	74.00	42.00		74.00

IV. SUPPLIES

- A. Fire Departments are expected to supply their own food and drinks for the first twelve (12) hours on an in-state incident. Supplies picked up by Fire Department personnel will be documented on a Fire Receiving Report (Form 295) if there is no itemized receipt. **RECEIPTS APPROVED BY THE IC OR STATE FORESTER'S REPRESENTATIVE ARE REQUIRED IN ORDER TO BE REIMBURSED AND REFERENCED TO THE SUPPLY RESOURCE ORDER NUMBER.**

1. Itemized RECEIPTS are needed for supplies.
 - a. Be sure the receipt is approved by the IC or State Forester's representative.
 - b. Be sure that the receipt is clear and readable.
 - c. Be sure that the receipt lists the fire name, fire number, date received, and signature of person picking up item.
 - d. Be sure to reference the Supply Resource Order number.
2. Itemized RECEIPTS are only needed for food if you are acting on behalf of the State Forester to procure these for other or multiple resources. Otherwise, subsistence reimbursement rules listed below

- will apply.
- B. How to List on Invoice

1. Supply Resource Order Number (see example)
2. Item
3. Quantity
4. Unit price
5. Amount

V. IN STATE TRAVEL REIMBURSEMENT

- A. Fire departments may claim reimbursement only if food and drink are not provided by the Incident and only after the first 12 hours. The State may, at its discretion, provide meals within this 12 hours at no cost to the cooperator. Meals not provided after the first twelve hours of the incident and purchased by the cooperator may be reimbursed at actual costs not-to-exceed (NTE) current State travel meal rates for breakfast, lunch, or dinner at the location being requested for reimbursement. Individual State NTE meal costs are available online at: <http://www.gao.az.gov/travel/> Lodging costs will not be reimbursed for in-state assignments unless approved and documented by the incident or dispatch office. Approved lodging may be reimbursed at a rate not-to-exceed State room rates.

- B. Items needed to submit in-state Travel Claim (see example below)

1. Time of departure from Arizona (fire station) and time of arrival at fire camp.
2. Costs of breakfasts, lunches, and dinners actually purchased per each travel day (no meal receipts required)
3. Lodging (folios) receipts are required & must indicate names of all travelers who shared room(s). The lodging receipt must indicate the room rate, applicable taxes listed, method of payment, and show being credited. Miscellaneous charges such as a Safe fee will not be reimbursed.
4. Add total amount to fire invoice.

VI. OUT-OF-STATE TRAVEL REIMBURSEMENT

- A. Cooperators may be reimbursed for individual meal and lodging costs while traveling to and from out-of-state assignments. Meals and lodging may be reimbursed at a rate NTE current State meal rates for breakfast, lunch, or dinner and Federal lodging rates at the location being requested for reimbursement. Meal and lodging purchased by the cooperator while at the incident will not be reimbursed unless approved and documented by the incident.
- Reimbursement will only be eligible for travel from your departure point in Arizona to the fire base camp, and from fire base camp back to Arizona. Once at the fire camp, meals and sleeping arrangements will be provided by the fire incident organization. If meals and sleeping arrangements are not provided at fire camp, a written justification will need to be provided. A supply # for meals or lodging while in travel status is not required

B. Items needed to submit out-of-state Travel Claim (see example below)

1. Time of departure from Arizona (fire station) and time of arrival at fire camp.
2. Actual cost of breakfasts, lunches, and dinners per each travel day (**no meal receipts required**)
3. Lodging (folios) receipts are required & indicate names of all travelers who shared room(s). The lodging receipt must indicate the room rate, applicable taxes listed, method of payment, and show being credited. Miscellaneous charges such as a safe fee will not be reimbursed.
4. Add total amount to fire invoice.
5. Justification if subsistence not provided

C. Travel Claim Example:

Crew Size	Date	Place Departed From	Time	Place Arrived	Time	Actual Meal Costs			Total Meal Cost	# of Motel Rooms	Total Motel Costs	Total Costs
						Bfst	Lun	Din				
3	7/4	Home Station	1300	Place, AZ	2000			\$42.50	\$42.50	2	\$130.00	172.50
3	7/5	Place, AZ	0500	Where, ST	1500	\$21.56	\$27.89	\$48.12	\$97.57	0	0	97.57
3	7/19	Where, ST	0900	Safford, AZ	1900		\$24.27	\$39.20	\$63.47	2	\$120.00	183.47
3	7/20	Safford, AZ	0600	Home Station	1500	\$19.21	\$21.49		\$40.70	0	0	40.70
Totals									\$244.24		\$250.00	494.24